

State Form 4606 (R13/11-05) Inciana Election Commission (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

	FORMATION		
Full Name of Committee (as on Statement of Organization)	if this is a new name	TIONS FOR STAT	
SARANN KLAIN WARNER Elec	tion Comi	m HEE	CAND
Acronym or Abbreviated Name (if any)	3. Committ	ee Telephone Number	
the second and the second and the second	(317	733-39	19
Mailing Address (address where all campaign finance correspondence is received	ved) Check if this is	a new address	
2421 HOPWOOD DR. City, State, ZIP Code	G Docty Af	filiation (if applicable)	
CARME / IN 46032	o. Palty Al	Dem.	
CANDIDATE INFORMATION (For	Candidate's Committees		
Full Name of Candidate (include any nickname)	The state of the s	filiation or If Independe	nt Candidate
SARANN KARIN WARNER		SEM	
Office Sought (Include district number, if any. Not required for exploratory of		of Residence	
May Township BOARD		Nami 140	N
TYPE OF REPORT	A PARTY OF THE REAL PROPERTY.	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	N CANDIDATES ONLY
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Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
Final/Disbands Committee (lines : â. 19. and 20 must be "0") Outgoing Treasurer (within 10 da	ys amend Statement of Organization)	Post-Co	nvention
2. Reporting Period:	THE CODE (THE STEE	COLUMN A	COLUMN B
rom: Vax. 01-06 Through: April.	7-06	This Period	Year to Date
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CONTRIBUTIONS AND RECEIPTS Note: these amounts include in-kind contributions and loans, as well as cash co 5a. Itemized (use Schedule A) 5b. Unitemized		0	0
CONTRIBUTIONS AND RECEIPTS Note: these amounts include in-kind contributions and loans, as well as cash co 5a. Itemized (use Schedule A) 5b. Unitemized 5c. Add lines 15a and 15b in both columns	SUBTOTAL	0	
CONTRIBUTIONS AND RECEIPTS Note: these amounts include in-kind contributions and loans, as well as cash co 5a. Itemized (use Schedule A) 5b. Unitemized 5c. Add lines 15a and 15b in both columns 6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B		0	0
CONTRIBUTIONS AND RECEIPTS Note: these amounts include in-kind contributions and loans, as well as cash co 5a. Itemized (use Schedule A) 5b. Unitemized 5c. Add lines 15a and 15b in both columns 6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES	SUBTOTAL	0	0
CONTRIBUTIONS AND RECEIPTS Note: these amounts include in-kind contributions and loans, as well as cash co 5a. Itemized (use Schedule A) 5b. Unitemized 5c. Add lines 15a and 15b in both columns 6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES Note: These amounts include in-kind expenditures and loan repayments.)	SUBTOTAL	0	0
CONTRIBUTIONS AND RECEIPTS Note: these amounts include in-kind contributions and loans, as well as cash co 5a. Itemized (use Schedule A) 5b. Unitemized 5c. Add lines 15a and 15b in both columns 6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES Note: These amounts include in-kind expenditures and loan repayments.) 7a. Itemized (use Schedule B) (Public Question: use Schedule C)	SUBTOTAL	0	0
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CONTRIBUTIONS AND RECEIPTS Jote: these amounts include in-kind contributions and loans, as well as cash co Sa. Itemized (use Schedule A) Sb. Unitemized Sc. Add lines 15a and 15b in both columns S. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES Jote: These amounts include in-kind expenditures and loan repayments.) Ta. Itemized (use Schedule B) (Public Question: use Schedule C) Tb. Unitemized Tc. Add lines 17a and 17b in both columns	SUBTOTAL	0 0	0 0 0
CONTRIBUTIONS AND RECEIPTS Jote: these amounts include in-kind contributions and loans, as well as cash co 5a. Itemized (use Schedule A) 5b. Unitemized 5c. Add lines 15a and 15b in both columns 6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES Jote: These amounts include in-kind expenditures and loan repayments.) 7a. Itemized (use Schedule B) (Public Question: use Schedule C) 7b. Unitemized 7c. Add lines 17a and 17b in both columns 8. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in 19)	SUBTOTAL	0 0	0 0
CONTRIBUTIONS AND RECEIPTS Note: these amounts include in-kind contributions and loans, as well as cash co 5a. Itemized (use Schedule A) 5b. Unitemized 5c. Add lines 15a and 15b in both columns 6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES	SUBTOTAL	0 0	0 0 0

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts. (such as loan proceeds and repayments, refunds, rebates, neturns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees MUST be itemized on this schedule. All cumulative receipts. (such as loan proceeds and repayments, refunds, rebales, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committees).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 cer recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER					
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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS		ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS	
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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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